Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		7/A	C
F			D

1 2 13 14 15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.?** (FORM 2A)	X		2A	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.?** (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.?** (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP: CLUSTER SPRINGS EARLY LEARN INC CENTER

15 16 – 29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: C 2 ROLLER, LARRY DIR OPER. &MAINT.

B. PHONE *(area code & no.)*: 4345724346

15 16 45 48 49 51 52 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: C 3 P.O. BOX 1849

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 HALIFAX	VA	24558
15 16 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: C 5 1011 CLUSTER SPRINGS ELEM. RD.

15 16 45

B. COUNTY NAME: HALIFAX

46 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 SOUTH BOSTON	VA	24592	083
15 16 40	41 42	47 51	52 54

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
8211 (specify) ELEMENTARY & SECONDARY SCHOOLS	N/A (specify)

C. THIRD	D. FOURTH
N/A (specify)	N/A (specify)

VIII. OPERATOR INFORMATION

A. NAME: HALIFAX COUNTY PUBLIC SCHOOLS

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M (specify)

D. PHONE *(area code & no.)*: A 434 476 2171

E. STREET OR P.O. BOX: P. O. BOX 1849

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B HALIFAX	VA	24558	Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N VA0022705	9 P N/A

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
9 U N/A	9 N/A (specify)

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
9 R N/A	9 N/A (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

EDUCATIONAL FACILITY

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
MR. PAUL D. STAPLETON SUPERINTENDENT OF SCHOOLS	X Paul D. Stapleton	1/27/11

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 1 SECTION XI.

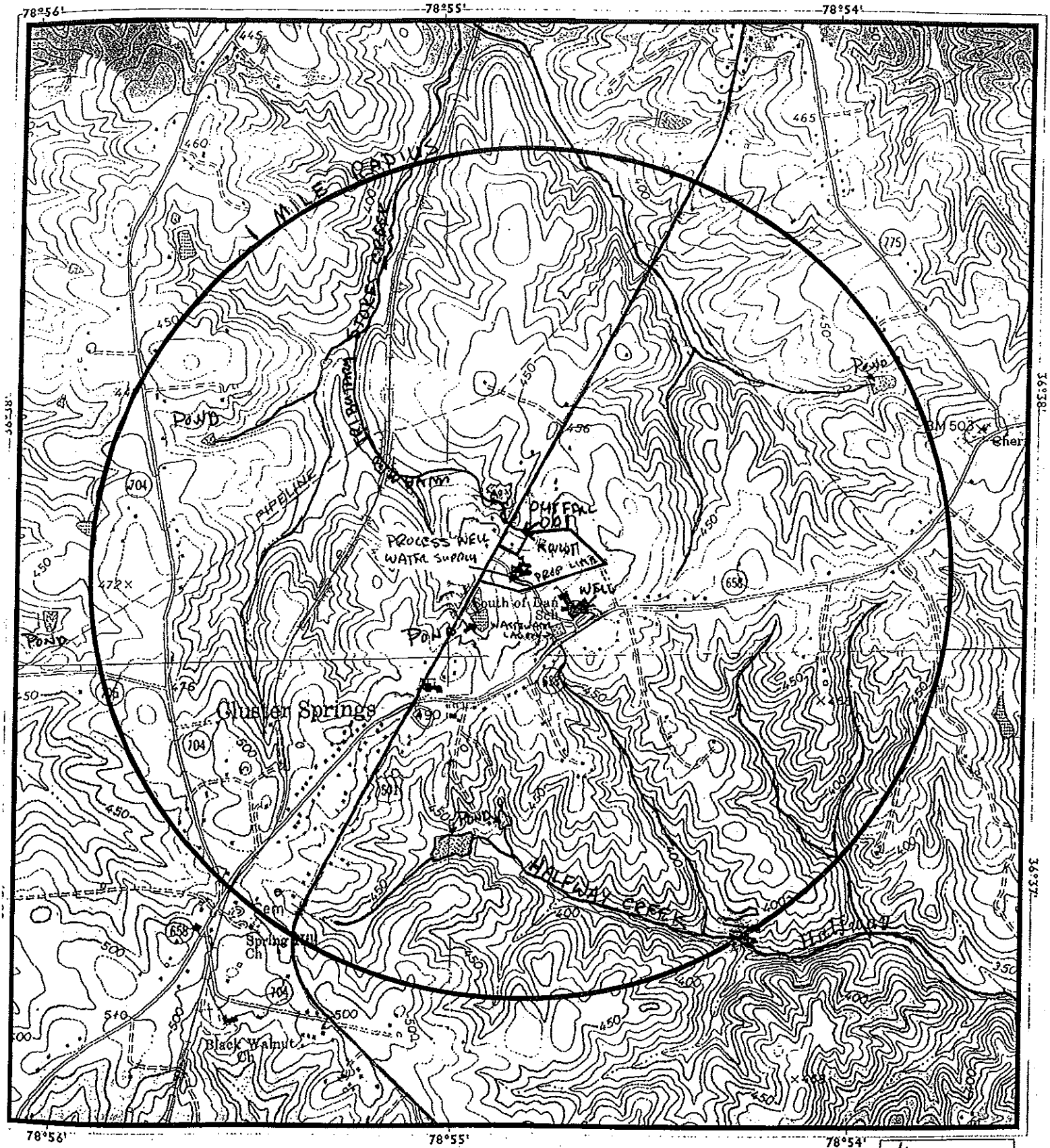
SWAP Zone 2 Map

DISTRICT 13

VA0022705

COUNTY/CITY: HALIFAX

CLUSTER SPRINGS ELEMENTARY SCHOOL



Ground Water Sources

Selected Water Source

Land Use Activities (L-#)

Potential Conduits (C-#)

Best Management Practices (B-#)

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Office of Water Programs
Division of Water Supply Engineering

N

800 0 800 1600 Feet

Potential Sources of Contamination (P-#)

Landfills

Discharge -- No Discharge Facilities

Discharge

No Discharge

DEQSWRO -- Storage Tank Releases

Active

Closed

Airports

Industrial Sites

Superfund Sites

Golf Courses

Boat Ramps

Underground Injection Wells

Hazardous and RCRA Sites

Hospitals

Tire Piles

Marinas

FACILITY NAME AND PERMIT NUMBER: CLUSTER SPRINGS EARLY LEARNING CENTER VA 00 22705

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
CLUSTER SPRINGS EARLY LEARNING CENTER
VA 0022705

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. **Facility Information.**

Facility name: CLUSTER SPRINGS EARLY LEARNING CENTER

Mailing Address: 1011 CLUSTER SPRINGS ELEMENTARY ROAD
SOUTH BOSTON, VIRGINIA 24592

Contact person: LARRY D. ROLLER

Title: DIRECTOR OF OPERATIONS AND MAINTENANCE

Telephone number: (434) 572-4682

Facility Address (not P.O. Box): 1011 CLUSTER SPRINGS ELEMENTARY ROAD
SOUTH BOSTON, VIRGINIA 24592

A.2. **Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name: HALIFAX COUNTY PUBLIC SCHOOLS

Mailing Address: P.O. BOX 1849
HALIFAX, VIRGINIA 24558

Contact person: LARRY D. ROLLER

Title: DIRECTOR OF OPERATIONS AND MAINTENANCE

Telephone number: (434) 572-4346

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

___ facility X applicant

A.3. **Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA 0022705	PSD	N/A
UIC	N/A	Other	
RCRA	N/A	Other	

A.4. **Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
CLUSTER SPRINGS ELC	150	SEPARATE	HALIFAX CO. PUBLIC SCH.

Total population served: 150

FACILITY NAME AND PERMIT NUMBER:
CLUSTER SPRINGS EARLY LEARNING CENTER
VA 00 22 705

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

____ Yes _X_ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

____ Yes _X_ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.0051 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0	.0010	.0016	mgd
c. Maximum daily flow rate	0	.0019	.0048	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

_X_ Separate sanitary sewer	100 %
____ Combined storm and sanitary sewer	N/A %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? _X_ Yes ____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other N/A	

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ____ Yes _X_ No

If yes, provide the following for each surface impoundment:

Location: N/A

Annual average daily volume discharged to surface impoundment(s) N/A mgd

Is discharge ____ continuous or ____ intermittent?

c. Does the treatment works land-apply treated wastewater? ____ Yes _X_ No

If yes, provide the following for each land application site:

Location: N/A

Number of acres: N/A

Annual average daily volume applied to site: N/A Mgd

Is land application ____ continuous or ____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ____ Yes _X_ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).
N/A

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number: N/A

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number: N/A

If known, provide the NPDES permit number of the treatment works that receives this discharge. N/A

Provide the average daily flow rate from the treatment works into the receiving facility. N/A mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ____ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):
N/A

Annual daily volume disposed of by this method: N/A

Is disposal through this method ____ continuous or ____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
CLUSTER SPRINGS EARLY LEARNING CENTER
VA 00 22705

Form Approved 1/14/99
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WASTEWATER DISCHARGES

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass point(s) through which effluent is discharged). Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
- (City or town, if applicable): N/A
- (Zip Code): 24592
- (County): HALIFAX
- (State): VIRGINIA
- (Latitude): N 36° 37' 45"
- (Longitude): W 78° 54' 45"

c. Distance from shore (if applicable): N/A ft.

d. Depth below surface (if applicable): N/A ft.

e. Average daily flow rate: 0.0016 mgd

f. Does this outfall have either an intermittent or a periodic discharge? X Yes ____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: 40

Average duration of each discharge: 5 DAYS

Average flow per discharge: 0.0016 mgd

Months in which discharge occurs: SEPTEMBER THRU JUNE

g. Is outfall equipped with a diffuser? X Yes ____ No

A.10. Description of Receiving Waters.

a. Name of receiving water: UNNAMED TRIBUTARY INTO STOKES CREEK AND THEN INTO DAN RIVER OF THE ROANOKE RIVER BASIN

b. Name of watershed (if known): N/A

United States Soil Conservation Service 14-digit watershed code (if known): N/A

c. Name of State Management/River Basin (if known): N/A

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A

d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs

e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
CLUSTER SPRINGS EARLY LEARNING CENTER
VA 00 22705

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

X Primary — X Secondary

____ Advanced — ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	90 %
Design SS removal	90 %
Design P removal	N/A %
Design N removal	N/A %
Other ____	N/A %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

TABLET CHLORINATION

If disinfection is by chlorination, is dechlorination used for this outfall? X Yes ____ No

d. Does the treatment plant have post aeration? X Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.1	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	0.0048	MGD	0.0016	MGD	164
Temperature (Winter)	12.0	C	9.6	C	16
Temperature (Summer)	26.1	C	24.5	C	21

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	9.0	MG/L	5.9	MG/L	10	SM18 5210 B	< 5.0
	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		< 1	#/100ML	< 1	#/100ML	3	SM18 9222 D	1
TOTAL SUSPENDED SOLIDS (TSS)		8.0	MG/L	5.1	MG/L	10	SM18 2540D	< 1.0

END OF PART A
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
CLUSTER SPRINGS EARLY LEARNING CENTER
VA0022705

Form Approved 1/14/99
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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

N/A gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ____No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
CLUSTER SPRINGS EARLY LEARNING CENTER
VA0022705

Form Approved 1/14/99
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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

_X_ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: MR. PAUL D. STAPLETON, SUPERINTENDENT OF SCHOOLS

Signature: X Paul D. Stapleton

Telephone number: (434) 476-2171

Date signed: 1/27/11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

CLUSTER SPRINGS EARLY LEARNING CENTER VA0022705

FORM 2A PART A SECTION A.6 B AND C

FLOW (MGD)

	2008		2009		2010	
	AVG	MAX	AVG	MAX	AVG	MAX
JANUARY	0	0	0	0	.0011	.0020
FEBRUARY	0	0	0	0	.0014	.0022
MARCH	0	0	.0010	.0012	.0014	.0024
APRIL	0	0	~~.0009~~ .0010	~~.0011~~ .0013	.0016	.0083
MAY	0	0	.0009	.0011	.0014	.0019
JUNE	0	0	0	0	.0015	.0017
JULY	0	0	0	0	0	0
AUGUST	0	0	0	0	0	0
SEPTEMBER	0	0	0	0	.0021	.0029
OCTOBER	0	0	.0011	.0014	.0022	(.0048)
NOVEMBER	0	0	.0009	.0013	.0019	.0029
DECEMBER	0	0	.0011	(.0019)	.0016	.0022
	0	0	.0010	.0019	.0016	.0048

		2008	2009	2010
A.6.b.	ANNUAL AVG DAILY FLOW RATE	0 MGD	.0010 MGD	.0016 MGD
A.6.c.	MAXIMUM DAILY FLOW RATE	0 MGD	.0019 MGD	.0048 MGD
A.9.e.	AVERAGE DAILY FLOW RATE 2010:	0.0016 MGD		
A.9.f.	AVERAGE FLOW PER DISCHARGE:	0.0016 MGD		

CLUSTER SPRINGS EARLY LEARNING CENTER VA0022705

FORM 2A PART A SECTION A.12

	pH			FLOW (MGD)		BOD (MG/L)		TSS (MG/L)	
	MIN.	MAX	# SAMPLES	AVG.	MAX.	AVG.	MAX	AVG.	MAX
JANUARY 2010	7.2	7.6	15	.0011	.0020	< 5.0	< 5.0	7.0	7.0
FEBRUARY	7.2	7.4	13	.0014	.0022	9.0	(9.0)	6.0	6.0
MARCH	(7.1)	7.5	23	.0014	.0024	6.0	6.0	2.0	2.0
APRIL	7.2	7.4	17	.0016	.0033	5.0	5.0	4.0	4.0
MAY	7.1	7.4	21	.0014	.0019	< 5.0	< 5.0	2.0	2.0
JUNE	7.3	7.4	3	.0015	.0017	< 5.0	< 5.0	7.0	7.0
JULY	N/A	N/A	0	0	0	N/A	N/A	N/A	N/A
AUGUST	N/A	N/A	0	0	0	N/A	N/A	N/A	N/A
SEPTEMBER	7.3	7.7	21	.0021	.0029	< 5.0	< 5.0	8.0	(8.0)
OCTOBER	7.3	7.6	20	.0022	(.0048)	7.0	7.0	4.0	4.0
NOVEMBER	7.3	(7.9)	20	.0019	.0029	5.0	5.0	6.0	6.0
DECEMBER	7.3	7.8	11	.0016	.0022	7.0	7.0	5.0	5.0
	7.1	7.9	164	.0016	.0048	5.9	9.0	5.1	8.0

		# SAMPLES
pH (MIN)	7.1 S.U.	164
pH (MAX)	7.9 S.U.	164
FLOW RATE (MAX)	0.0048 MGD	164
FLOW RATE (AVG)	0.0016 MGD	164
BOD (MAX)	9.0 mg/L	10
BOD (AVG)	5.9 mg/L	10
TSS (MAX)	8.0 mg/L	10
TSS (AVG)	5.1 mg/L	10

FECAL COLIFORM	(CON)
10/20/10	< 1
11/17/10	< 1
12/14/10	< 1

TEMPERATURE	AVG.	MAX	# SAMPLES
SUMMER	24.5	26.1	21
WINTER	9.6	12.0	16

Cluster Springs EFC

2009

January

DATE	EFF. TEMP. C
6	(12.0)
7	11.6
8	10.4
9	8.8
12	8.6
13	7.8
14	6.8
15	8.7
21	8.9
22	10.6
23	9.9
26	11.4
27	10.6
28	(12.0)
29	10.1
30	9.8

AVG 9.6

MAX 12.0

NUMBER SAMPLES: 16

September

DATE	EFF. TEMP. C
1	(26.1)
2	(26.1)
3	25.2
7	24.6
8	24.4
9	25.0
10	25.8
13	25.1
14	(26.1)
15	23.6
16	24.5
17	24.0
20	25.6
21	23.8
22	23.4
23	24.2
24	25.1
27	23.6
28	22.4
29	22.8
30	22.1

AVG 24.5

MAX 26.1

NUMBER SAMPLES: 21

FACILITY NAME: CLUSTER SPRINGS EARLY LEARNING CENTER VPDES PERMIT NUMBER:

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM VA0022705

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? __Yes X No

   Will this facility derive a material from sewage sludge? X Yes __No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes X No

   Will sewage sludge from this facility be applied to the land? __Yes X No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes X No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME: CLUSTER SPRINGS EARLY LEARNING CENTER

VPDES PERMIT NUMBER: VA0022705

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: CLUSTER SPRINGS EARLY LEARNING CENTER
   b. Contact person: LARRY D. ROLLER
      Title: DIRECTOR OF OPERATIONS AND MAINTENANCE
      Phone: (434) 572-4346
   c. Mailing address:
      Street or P.O. Box: P.O. Box 1849
      City or Town: HALIFAX State: VA Zip: 24558
   d. Facility location:
      Street or Route #: 1011 CLUSTER SPRINGS ELEMENTARY ROAD
      County: HALIFAX
      City or Town: SOUTH BOSTON State: VA Zip: 24592
   e. Is this facility a Class I sludge management facility? ___Yes X No
   f. Facility design flow rate: 0.0051 mgd
   g. Total population served: 150
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: HALIFAX COUNTY PUBLIC SCHOOLS
   b. Mailing address:
      Street or P.O. Box: P.O. Box 1849
      City or Town: HALIFAX State: VA Zip: 24558
   c. Contact person: LARRY D. ROLLER
      Title: DIRECTOR OF OPERATIONS AND MAINTENANCE
      Phone: (434) 572-4346
   d. Is the applicant the owner or operator (or both) of this facility?
      X owner X operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      ___ facility X applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0022705
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
N/A	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes X No If yes, describe:

VA0022705

FACILITY NAME: CLUSTER SPRINGS EARLY LEARNING CENTER VPDES PERMIT NUMBER:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes X No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip:
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

X Section A (General Information)
___Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
___Section C (Land Application of Bulk Sewage Sludge)
___Section D (Surface Disposal)

SECTION A ITEM 5

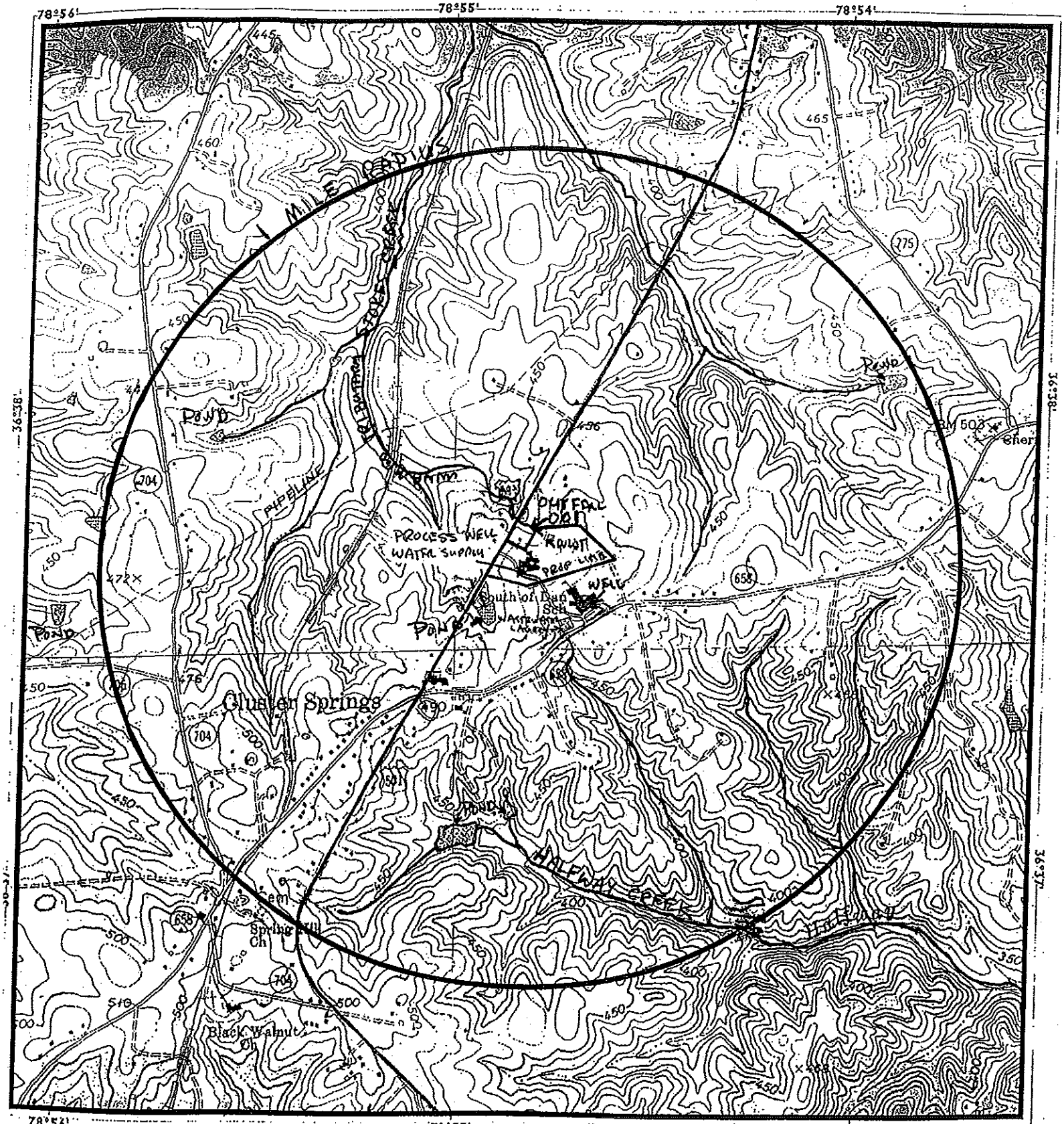
SWAP Zone 2 Map

VA0022705

DISTRICT 13

COUNTY/CITY: HALIFAX

CLUSTER SPRINGS ELEMENTARY SCHOOL



Ground Water Sources

Selected Water Source

Land Use Activities (L-#)

Potential Conduits (C-#)

Best Management Practices (B-#)

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Office of Water Programs

Division of Water Supply Engineering

N

800 0 800 1600 Feet

Potential Sources of Contamination (P-#)

Landfills

Discharge -- No Discharge Facilities

Discharge

No Discharge

DEQSWRO -- Storage Tank Releases

Active

Closed

Airports

Industrial Sites

Superfund Sites

Golf Courses

Boat Ramps

Underground Injection Wells

Hazardous and RCRA Sites

Hospitals

Tire Piles

Marinas

SECTION A ITEM 5B

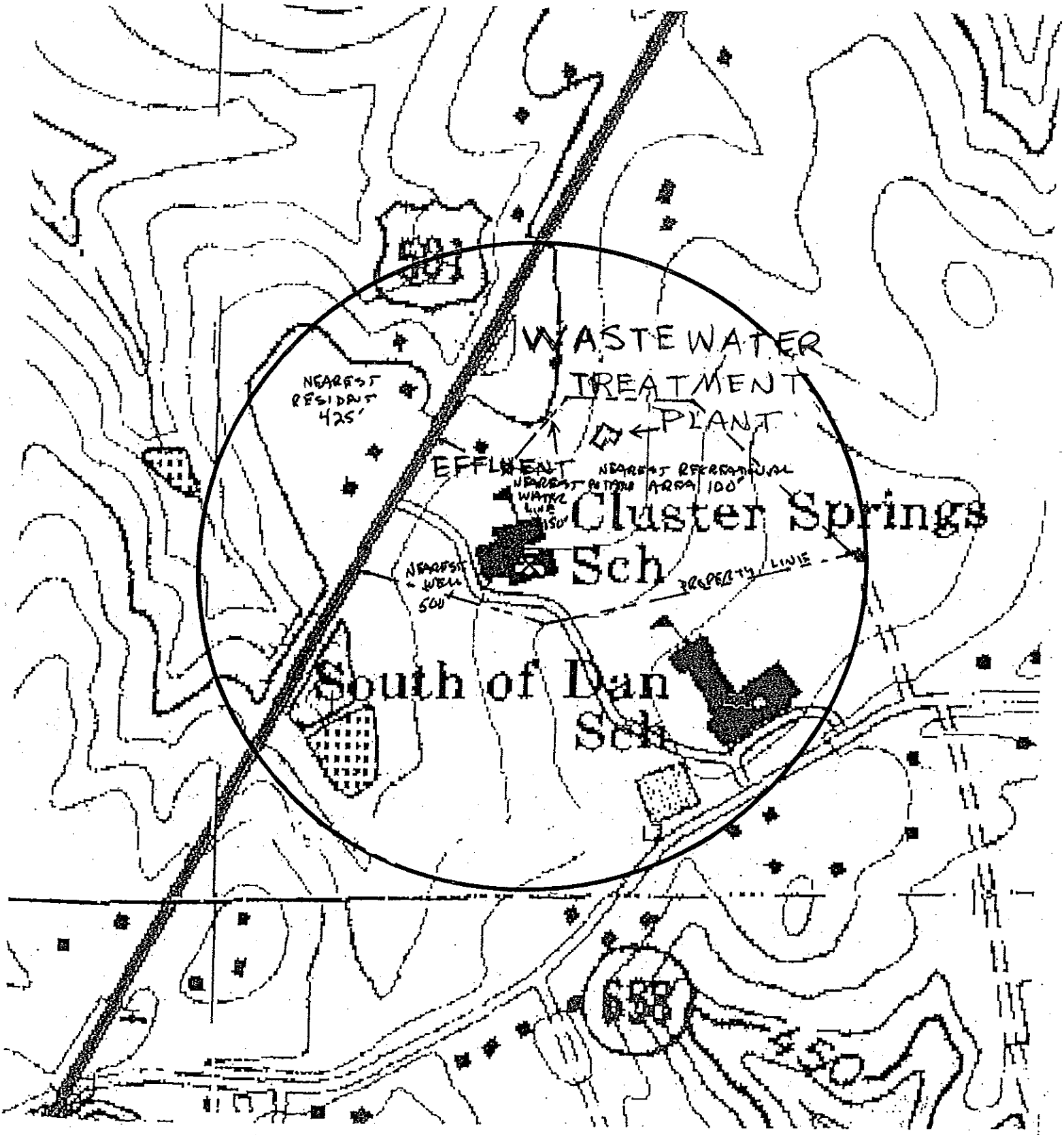
SWAP Zone 1 Map

DISTRICT 13

VA0022705

COUNTY/CITY: HALIFAX

CLUSTER SPRINGS ELEMENTARY SCHOOL



Ground Water Sources

Selected Water Source

Land Use Activities (L-#)

Potential Conduits (C-#)

Best Management Practices (B-#)

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Office of Water Programs

Division of Water Supply Engineering

N

200 0 200 400 Feet

Potential Sources of Contamination (P-#)

Landfills

Discharge -- No Discharge Facilities

Discharge

No Discharge

DEQ/SWRO – Storage Tank Releases

Active

Airports

Industrial Sites

Superfund Sites

Golf Courses

Boat Ramps

Underground Injection Wells

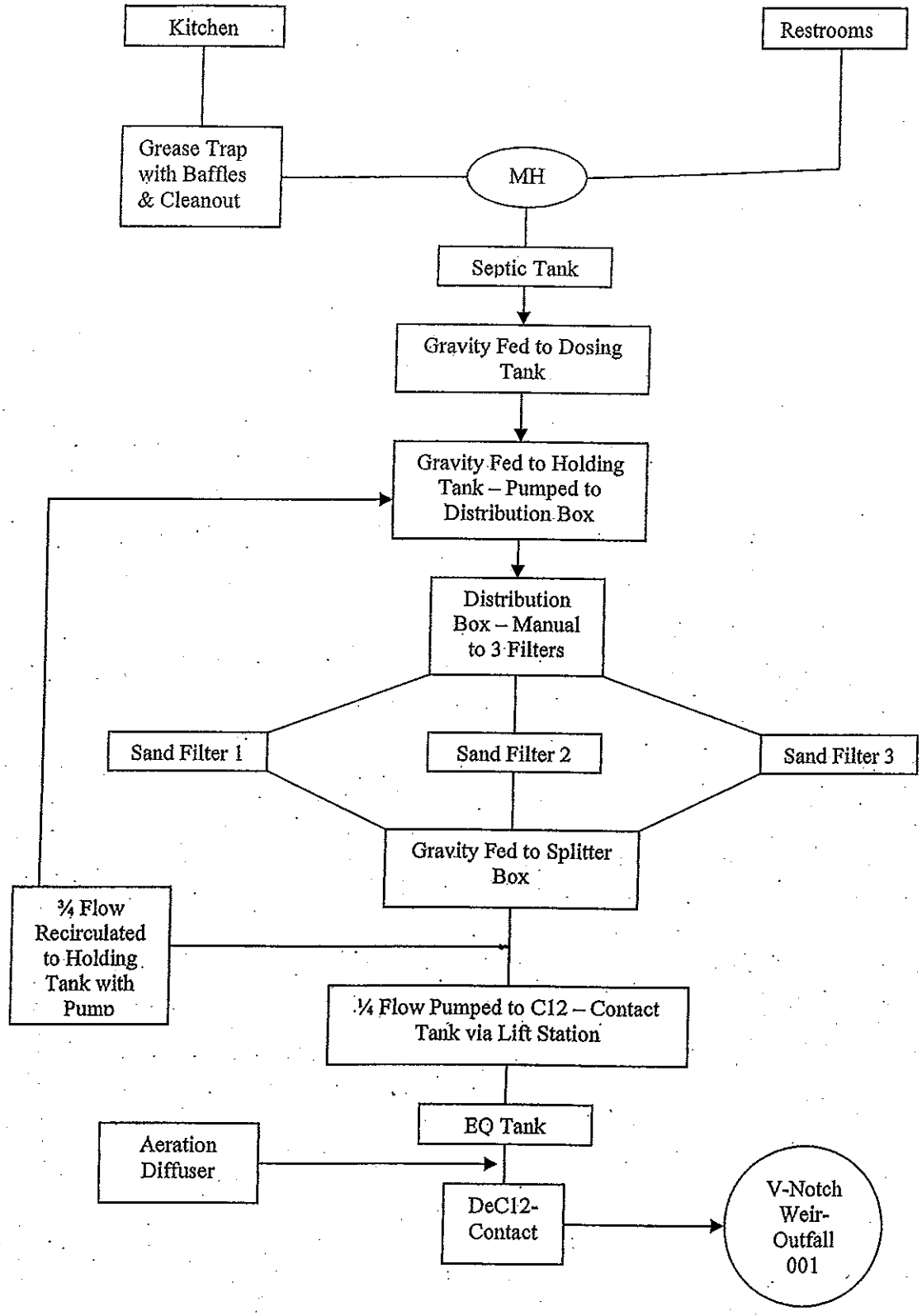
Hazardous and RCRA Sites

Hospitals

Tire Piles

SECTION A ITEM 6

Cluster Springs E.S. – VA0022705



Cluster Springs Elementary School

VPDES PERMIT NUMBER: VA0022705

Section A Item 6

Annual Maintenance – Annual Maintenance consists of removal of septage from grease trap, septic tanks and distribution box, during the month of August prior to new session of school beginning. The septage is transported to the South Boston Sewage Plant for disposal. The following is information in regard to tranporter and disposal.

Contractor Information:

Name:	Rickey's Septic Tank Service
Address:	427 Williamson Road Danville, VA 24540
Contact Person:	Rickey Berkley
Phone Number:	(434) 797-9835
Disposal Permit #	08 (South Boston Sewage Plant)

Disposal Site Information:

Name:	South Boston Sewage Plant
Address:	Post Office Box 417 South Boston, VA 24592
Contact Person:	Carroll Anderson
Phone Number:	(434) 575-4267
Permit #	VA0020362

CLUSTER SPRINGS EARLY LEARNING CENTER VA 0022705

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: HALIFAX COUNTY PUBLIC SCHOOLS
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Classify the discharge as one of the following by checking the appropriate line:

   X a. Existing discharge
   _____ b. Proposed discharge
   _____ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? Y / (N)

2. What is the tax map parcel number for the land where this facility is located? 07-1MM224-1268 A

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

4. What is the total acreage of the property on which the treatment plant is located? 15.0

5. Give the minimum elevation of the treatment plant site. N/A feet

6. Flood elevations of the treatment plant site:

   25 year flood N/A feet
   100 year flood N/A feet

7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:

   a. Treatment Plant
   b. Discharge Point
   c. Receiving waters
   d. Boundaries of the property on which the treatment plant is located, or to be located.
   e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
      i. Residence 425'
      ii. Distribution line for potable water supply 150'
      iii. Reservoir, well, or other source of water supply 500'
      iv. Recreational area 100'

CLUSTER SPRINGS EARLY LEARNING CENTER VA0022705

f. Distance from the discharge point to the nearest: (Indicate "not applicable" for any distance greater than 15 miles)
   i. Downstream community : SOUTH BOSTON ≈ 5 MILES
   ii. Upstream and downstream water intake points N/A
   iii. Shellfishing waters N/A
   iv. Wetlands area N/A
   v. Downstream impoundment N/A
   vi. Downstream recreational area N/A

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, to the back of this application, attach a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

A GREASE TRAP AND SEPTIC TANK PROVIDE PRIMARY TREATMENT FOLLOWED BY A RECIRCULATING INTERMITTENT SAND FILTER FOR SECONDARY TREATMENT. THE PLANT EFFLUENT IS CHLORINATED, DECHLORINATED AND TREATED WITH POST AERATION BEFORE FINAL DISCHARGE.

2. What is the design average flow of this facility? 0.0051 MGD
   Industrial facilities:
   What is the max. 300-day avg. production levels (include units)? N/A

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y (N)

   If "Yes," please specify the other flow ties (in MGD) or production levels: N/A
   Please consider: Is you facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: EDUCATIONAL FACILITY

   100 % of flow from domestic connections/sources

   Number of private residences to be served by the wastewater treatment facilities:
   X 0 ____ 1-49 ____ 50 or more

   0 % of flow from non-domestic connections/sources

5. Mode of discharge: ____ Continuous X Intermittent X Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:
   DISCHARGE MONDAY THROUGH FRIDAY FROM MID AUGUST THRU MID JUNE.

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

_____ Permanent stream, never dry
_____ Intermittent stream, usually flowing, sometimes dry
__X__ Ephemeral stream, wet-weather flow, often dry
_____ Effluent-dependent stream, usually or always dry
_____ Lake or pond at or below the discharge point
_____ Other: _____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed/Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: N/A MGD

Anticipated Date of Construction Completion: N/A Month/Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

E. Interim Facilities

Are the wastewater treatment facilities interim? (Designed for a useful life of less than 5 years) Y /(N)

If "Yes," provide the estimated date to be discontinued (month,year) N/A, and the name and location of the intended replacement facility.

N/A

F. List of Materials Stored at Facility (i.e, chemicals, petroleum products)

Material	Amount (monthly avg)	Stored Location
NO CHEMICAL, PETROLEUM OR OTHER PRODUCTS STORED ON SITE.		

SECTION B
ITEM 7

SWAP Zone 2 Map

VA0022705

DISTRICT 13

COUNTY/CITY: HALIFAX

CLUSTER SPRINGS ELEMENTARY SCHOOL